
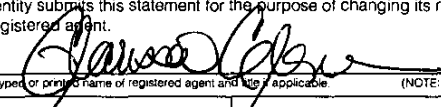
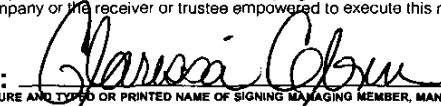


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90033 040 ***138.75

DOCUMENT # L07000020885 1. Entity Name GLENN MORTGAGE FINANCIAL, LLC			
Principal Place of Business 1601 NORTH PALM AVENUE SUITE 106 PEMBROKE PINES, FL 33026 US		Mailing Address 134 NORTH WEST 109 AVENUE APT. 201 PEMBROKE PINES, FL 33026 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1601 North Palm Avenue Suite 106 Pembroke Pines, FL 33026 US	
4. FEI Number 26-178 0567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENN, CLARISSA M 134 NORTH WEST 109 AVENUE APT 201 PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Glenn, Clarissa Street Address (P.O. Box Number is Not Acceptable) 6321 NW 179 Terrace City Miami FL Zip Code 33015	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/30/08 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	MGRM
NAME	GLENN, CLARISSA M <input type="checkbox"/> Delete	NAME	Glenn, Clarissa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	134 NW 109 AVENUE, APT. 201	STREET ADDRESS	6321 NW 179 Terrace Miami FL 33015
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 4/30/08 954447-8905	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	